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UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

3235-0076

Expires:

May 31, 2005

Estimated average burden hours per response.....1



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Wasatch Wind, Inc. Series A Preferred Stock Financing ☐ ULOE Rule 505 Rule 506 Section 4(6) Filing Under (Check box(es) that apply): Rule 504 Amendment Type of Filing: New Filing **BASIC IDENTIFICATION DATA** 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Wasatch Wind, Inc. Telephone Number (Including Area Code) Address of Executive Offices (Number and Street, City, State, Zip Code) (435) 657-2550 357 W. 910 S., Suite A, Heber City, Utah 84032 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different Telephone Number (Including Area Code) from Executive Offices) Brief Description of Business Designs and markets innovative tower structures for large scale wind turbine generators. Type of Business Organization APR 0 6 2007 limited partnership, already formed \boxtimes corporation other (please specify): limited partnership, to be formed business trust **THOMSON** Month Year FINANCIAL Estimated Actual 0 Actual or Estimated Date of Incorporation or Organization: 0 (Enter two-letter U.S. Postal Service Abbreviation for State: Jurisdiction of Incorporation or Organization: E CN for Canada; FN for other foreign jurisdiction) D

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A	BASIC IDE	NTIF	ICATION DATA				•
2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been • Each beneficial owner having the power to vote of Each executive officer and director of corporate is Each general and managing partner of partnership	r dispose, or direct the ssuers and of corporate	vote c	or disposition of, 10%	or mo	re of a class of partnership i	of equity sissuers; ar	securities of the issuer; ad
Check Box(es) that Apply: Promoter	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Livingston, Tracy							
Business or Residence Address (Number and Street, City	, State, Zip Code)						•
357 W. 910 S., Suite A, Heber City, Utah 84032							
Check Box(es) that Apply: Promoter	Beneficial Owner	\boxtimes	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Conroy, Thomas		_	<u> </u>				
Business or Residence Address (Number and Street, City	, State, Zip Code)						
357 W. 910 S., Suite A, Heber City, Utah 84032							
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
DFJ Element, L.P.							
Business or Residence Address (Number and Street, City	, State, Zip Code)						
2882 Sand Hill Road, Suite 150, Menlo Park, Californ	ia 94025						
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Gabbita, Sam							
Business or Residence Address (Number and Street, City 357 W. 910 S., Suite A, Heber City, Utah 84032	, State, Zip Code)						
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					· -		
Lincoln, David_							
Business or Residence Address (Number and Street, City	, State, Zip Code)						
357 W. 910 S., Suite A, Heber City, Utah 84032							
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City	, State, Zip Code)				· · ·		
Check Box(es) that Apply: Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City	, State, Zip Code)						
(Use blank shee	t, or copy and use add	litiona	al copies of this shee	t, as n	ecessary)		

		A. BASIC ID	ENTIFICATION DATA			
Each beneficial own Each executive office	e issuer, if the issuer ha	as been organized within the vote or dispose, or direct th orate issuers and of corporate	e past five years; ne vote or disposition of, 10% te general and managing part	or more of a class o tners of partnership is	f equity se ssuers; and	curities of the issuer;
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	_	General and/or Managing Partner
Full Name (Last name first, if	findividual)					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		ieneral and/or Aanaging Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	_	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)		20.0		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	·	General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)				
	(Use blank	k sheet, or copy and use ad	ditional copies of this shee	et, as necessary)		

1. Has the	issuer sold,	or does the is	suer intend t	o sell, to nor	n-accredited i	nvestors in t	his offering?	******************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes □	No ⊠
	, 133401 3014,	does the 12			ilso in Appen						_	_
2. What is	s the minimu	m investment	t that will be								\$ <u>N/A</u>	
	ne offering pe										Yes ⊠	No □
4. Enter th	ne informatio	n requested fo	or each person	n who has be	en or will be	paid or given	, directly or is	ndirectly, any	commission	or similar		
person	ration for sol or agent of a	broker or dea	ler registered	with the SE	C and/or with	a state or st	ates, list the n	ame of the bi	oker or deal	er. If more		
than fiv	/e (5) persons	to be listed a	are associated	persons of	such a broker	or dealer, yo	ou may set for	rth the inform	ation for tha	t broker or		
Full Name (I		st, if individu	ıal)				<u> </u>					_
N/A	D = 253 = 1 - 2 - 3	is 62 1		City State	7in Code				<u>. </u>			
Business or	kesidence Ac	iaress (Numb	oer and Street	i, Chy, State	, Zip Code)							
Name of Ass	sociated Brok	er or Dealer										
States in Wh	ich Person L	isted Has Sol	licited or Inte	nds to Solic	it Purchasers		÷			- •		
	All States" or									••••••	□ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	(MD)	[[MA]]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	(NH)	[עא]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
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(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WAJ	[** *]	[** 1]	[· · · -]	
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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	Aggregate Offering Pri	
	Debt	\$	<u>-0-</u>
	Equity	\$ <u>4,183,740</u>	<u>3,599,999.03.00</u>
	Common Preferred		
	Convertible Securities (including warrants)	\$	<u>-0-</u>
	Partnership Interests	\$	<u> </u>
	Other (Specify)	\$)
	Total	\$ 4,183,740	\$
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	4	\$ <u>3,599,999.03.00</u>
	Non-accredited Investors	-0-	\$
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of Offering	Security	=
	Rule 505	n/a	\$
	Regulation A	n/a	\$
	Rule 504	n/a	
	Total	n/a	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs	. [\$0-
	Legal Fees		\$ <u>109,000.00</u>
	Accounting Fees	. [\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	. [\$
			_
	Other Expenses (identify)	. [\$

	total expenses furnished in response to Part C -	offering price given in response to Part C - Question 1 Question 4.a. This difference is the "adjusted gross			\$ <u>4,07</u>	4,740.00
5.	the purposes shown. If the amount for any purp	proceeds to the issuer used or proposed to be used for eact one is not known, furnish an estimate and check the box isted must equal the adjusted gross proceeds to the issue.	to the			
			Officers, I	ents to Directors & lintes		ents To hers
	Salaries and fees		🗆 \$	-0	□ s	0-
	Purchase of real estate		🗆 s	-0-	□ \$	-0
	Purchase, rental or leasing and installation of r	nachinery and equipment	🗆 s	-0-	□ \$	0-
	Construction or leasing of plant buildings and	facilities	🗆 \$	-0	\$	-0-
	Acquisition of other businesses (including the	value of securities involved in this offering that may b another issuer pursuant to a merger)	e			
						-0-
						74,740.00
	Other (specify):		🗆 s	-0-	□ \$	-0-
	Total Payments Listed (column totals ad	ded)	.	S <u>4,0</u> °	74,740.00	
; , t.		D. FEDERAL SIGNATURE			oran karana	
	issuer has duly caused this notice to be signed by t	he undersigned duly authorized person. If this notice is files and Exchange Commission, upon written request of its s	ed under Rule 50 taff, the informa	5, the followin tion furnished	g signature c by the issuer	onstitutes ar
unc	ertaking by the issuer to furnish the U.S. Securities redited investor pursuant to paragraph (b)(2) of Rul		_			
unc acc Iss	redited investor pursuant to paragraph (b)(2) of Ruluer (Print or Type)		Date 3.		`	· · · · ·
Iss Wa	redited investor pursuant to paragraph (b)(2) of Rul	e 502.	Date 3-2	->· <i>O</i> -	>	

ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

